



## GILA COUNTY COMMUNITY DEVELOPMENT DIVISION

### WASTEWATER DEPARTMENT

REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE OF TECHNOLOGY, DESIGN,  
SETBACK, INSTALLATION OR OPERATION PER A.A.C. R18-9-A312 (G)

General Aquifer Protection Permits 4.01 Through 4.23

<p><b>Applicant (person responsible for overall compliance):</b></p> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Phone No: _____</p>	<p>APN: _____</p> <p>Fee Included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review fee is \$75 per each requested change</p>
<p><b>Authorized Agent (Power of Attorney form required):</b></p> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Phone No: _____</p>	
<p><b>1. Rule Citation of Requirement for Which Change is Requested:</b> _____</p> <p>Note: The Gila County Wastewater Department is not authorized to approve deviations from the following:</p> <ul style="list-style-type: none"><li>• The relationships between soil absorption rates and soil types or percolation rates - AAC R18-9-A312.D.</li><li>• The relationship between minimum vertical separation and total coliform concentration-AAC R18-9-A312.E.</li><li>• Performance criteria and hydraulic loading rates for treatment media established in AAC R18-9-E302 through R18-9-E323 or specified in any referenced document for design.</li></ul>	

2. Description of Requested Change: \_\_\_\_\_  
\_\_\_\_\_

3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation): \_\_\_\_\_  
\_\_\_\_\_

**REQUEST APPROVED:**

- Equal or better performance                       Site or system conditions addressed more satisfactorily

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST DENIED:**

- Not equal or better performance                       Doesn't address site/system conditions better  
 Request insufficiently justified                       Excessive review/research time needed  
 Adverse impact to environment/other permittees                       Other \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature by:  Applicant     Authorized Agent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Engineer Information:**

Engineer's Seal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_